SCHOOLHOUSE ENROLLMENT FORM

Child's Name _____ Date of Birth _____

Address _____ _____ _____
city zip

Mother's Name _____ Father's Name _____

Contact Phone _____ Contact Phone _____

E-mail Address _____ E-mail Address _____

Employer _____ Employer _____

Child's Doctor _____

Doctor's Phone _____

During the day,
I prefer to be contacted via

_____
(email, work phone, call to cell phone)

Allergies/Dietary Needs _____

Milk **or** Water to drink at lunch time _____

Emergency Contact Person (after parents) _____ Phone _____

- CONSENT FORM -

EMERGENCY TREATMENT CONSENT: In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians necessary for the proper health and well being of my child. The staff may call my child's physician if I cannot be reached. _____ ***initial***

PUBLICATIONS: I give my consent for my child's photograph to be used for **Facebook** publications by the Schoolhouse. _____ ***initial***

AUTHORIZED ESCORTS: My child may be picked up by the following people **any time**. I will try to notify the staff prior to my child's departure.

_____ _____ _____

_____ _____ _____

NAP ARRANGEMENTS: I understand that all children (other than school age) rest on cots in classrooms for a set period of time. Pillows and blankets are supplied by parents. Rest time is supervised by Schoolhouse staff. _____ ***initial***

PARENT CONFERENCE: As the parent/guardian, I am entitled to a parent teacher conference, upon request at any time. _____ ***initial***

SCHOOLHOUSE POLICIES: I am aware that: My child is required to be at the Schoolhouse by 8:30 am. Fees are tuition based on a Sept.-June school year. The Summer Session begins the week following the close of school in June. Payment is required for each week that my child is enrolled including sick days, vacation, and holidays. All fees are due weekly or between two weeks of care and must be paid Monday morning following the week of care. There will be a **$5 late charge, weekly,** if my check is submitted after 12PM on Monday. If my payment is more than one week late, my child will not be allowed to attend until my balance and late fees are paid. Late payments will place my child's spot in jeopardy. All unpaid fees will be submitted to a collection agency and I will be responsible for all associated fees. All fees will be paid by auto-pay, check, or money order. The Schoolhouse is closed for the following holidays: Labor Day, Thanksgiving & the day after, Christmas, New Year, Good Friday, Memorial Day and July Fourth. Written notice is required for me to discontinue the use of the Schoolhouse's programs and payments must be for a full week. In the event of an emergency, the time past 6:00 PM will be charged at $5 per occurrence. _____ ***initial***

I have read the Parent Handbook and information sheets and agree to the terms and policies within. _____ ***initial***

Circle those which apply: **I will be paying:** weekly / every 2 weeks

preschool: 5 full days

school age: 5 mornings/afternoons per week
8 mornings/afternoons per week
10 mornings/afternoons per week

Family Security Code

___ ___ ___ ___ #

4 Digit Code for entry into building

Signature _____ start date _____

-**Medical Forms** (needed for preschool only) may be faxed by doctor to **585-637-8504** -
Please have dr. add: "**OK for Day Care"** and **immunizations**.

edited 12/21